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Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT 110.00

Complete if Kn wn 09/517491 **Application Number** Filing Date March 2, 2000 Vivian Berlin First Named Inventor Examiner Name R. Zeman 1645 Art Unit APBI-P06-036 Attorney Docket No.

METHOD OF PAYMENT (check all that apply)					_		FEE	CALCULATION (continued)			
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Nam	е					1052	50	2052	25	Surcharge - late provisional filing fee or cover	
The Di	irector	is autho	rized	to: (check all that apply)						sheet.	
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x	Charge a	any additi	onal fe	e(s) or any underpayment of	fee(s)	1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
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	-			CALCULATION		1251	110	2251	55	Examiner action Extension for reply within first month	55.00
4 8	A CIC E	ILING		DALCULATION		1252	420	2252	210	Extension for reply within second month	- 00.02
	Entity	Small				1253	950	2253	475	Extension for reply within third month	
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1001	770	2001	385	Utility filing fee	—	1401	330	2401	165	Notice of Appeal	
1002	340	2002	170	Design filing fee				_			
1003	530	2003	265	Plant filing fee		1402	330	2402	165	Filing a brief in support of an appeal	
1004	770	2004	385	Reissue filing fee		1403	290		145	Request for oral hearing	
1005	160	2005	80	Provisional filing fee	<u> </u>	1451	1,510	1451 2452	55	Petition to institute a public use proceeding Petition to revive – unavoidable	
			SUB	TOTAL (1) (\$)	0.00	1452 1453	110	2452	665	Petition to revive - unintentional	
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2. EX	(TRA	CLAIM	FEE	S FOR UTILITY AND Extra Fee from		1501 1502	1,330 480	2501	240	Design issue fee	
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Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Descripti	<u>on</u>	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202	18	2202	9	Claims in excess of 20		1809	770	2809	385	Filing a submission after final rejection	
1201	86	2201	43	Independent claims in exc	ess of 3	1010	770	2810	385	(37 CFR 1.129(a)) For each additional invention to be	
1203	290	2203		Multiple dependent claim,	-	1810				examined (37CFR 1.129(b))	—
1204	86	2204	43	** Reissue independent cl over original patent	aims	1801	770	2801	385	Request for Continued Examination (RCE) Request for expedited examination	\vdash
1205	18	2205	9	** Reissue claims in exce	ss of 20	1802	900	1802	900	of a design application	
				and over original paten	t	Other	fee (spe	cify)		Terminal Disclaimer 1.20(d)	55.00
			SUE	STOTAL (2) (\$)	0.00	*Redu	iced by	Basic Fi	ling Fee	Paid SUBTOTAL (3) (\$)	110.00
**or n	**or number previously paid, if greater; For Reissues, see above										

SUBMITTED BY		(Complete	(if applicable))
Name (Print/Type) Melissa S. Rones, Ph.D.	Registration No. (Attorney/Agent) 54,408	Telephone	(617) 951-7653
Signature M. M.		Date	January 9, 2004

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